

Fall 2022 Literacy Program Registration Form

Student's Name:			Date of Birth:	
School and School District:				
Grade as of September 2022:				
Primary Phone:				
Home Address:				
Mother/Guardian:				
Cellphone:			Email:	
Father/Guardian:				
Cellphone:			Email:	

In-Person Small Group Literacy Instruction: Classes meet Saturdays for 12 two-hour sessions.
Please enter a "1" for your preferred instruction time. We will try to accommodate your first choice, but availability may be limited.

Saturday Small Group Instruction, 8:30-10:30 a.m.	\$520
Saturday Small Group Instruction, 10:45 a.m.-12:45 p.m.	\$520

In-Person Individual Instruction: Please indicate the time period you prefer for 60 minutes of in-person literacy instruction.

In-Person Individual Instruction, 4-6 p.m.* (60 minutes of instructional time assigned by the program director)	\$660
In-Person Individual Instruction, 6-8 p.m.* (60 minutes of instructional time assigned by the program director)	\$660

**Please enter a "1" for your first choice of meeting day and a "2" for your second choice of meeting day.*

<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
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Remote Individual Instruction: Please indicate the time period you prefer for 60 minutes of remote literacy instruction.

Remote Individual Instruction, 4-6 p.m.* (60 minutes of instructional time assigned by the program director)	\$660
Remote Individual Instruction, 6-8 p.m.* (60 minutes of instructional time assigned by the program director)	\$660

**Please enter a "1" for your first choice of meeting day and a "2" for your second choice of meeting day.*

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
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Please initial to indicate that you have read the Reading/Writing Learning Clinic's Policies and Procedures listed below.

<input type="checkbox"/>	I understand that instructional fees are nonrefundable. Payment in full is due at the time of invoice. The Reading/Writing Learning Clinic does not provide makeup sessions for missed classes.
<input type="checkbox"/>	I understand that if I wish to discontinue service, I must email the Reading/Writing Learning Clinic. All refunds or credits are at the discretion of the director. No refunds will be made after the third class. A \$35 administration fee will be charged for all program changes, including withdrawals.
<input type="checkbox"/>	I understand that literacy specialists will arrange a parent/guardian conference before the conclusion of the instructional session.
<input type="checkbox"/>	I understand that if I register for remote individual literacy instruction, my child will participate in the remote platforms of Zoom and/or Google Classroom, as well as any appropriate applications utilized with my child's literacy specialist. My child has access to an electronic device and internet connection to participate in the Reading/Writing Learning Clinic's remote individual literacy instruction.

Nondiscrimination Policy: Hofstra University is committed to extending equal opportunity to all qualified individuals without regard to race, color, religion, sex, sexual orientation, gender identity or expression, age, national or ethnic origin, physical or mental disability, marital or veteran status (characteristics collectively referred to as "Protected Characteristic") in employment and in the conduct and operation of Hofstra University's educational programs and activities, including admissions, scholarship and loan programs, and athletic and other school-administered programs. This statement of nondiscrimination is in compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act Amendments Act, the Age Discrimination Act, and other applicable federal, state, and local laws and regulations relating to nondiscrimination ("Equal Opportunity Laws"). The Equal Rights and Opportunity Officer is the University's official responsible for coordinating its overall adherence to Equal Opportunity Laws. Questions or concerns regarding any of these laws, other aspects of Hofstra's Nondiscrimination Policy, or regarding Title IX as it relates to reports against employees or other nonstudents, should be directed to the Equal Rights and Opportunity Officer, who also serves as the Title IX Officer for Employee Matters, at HumanResources@Hofstra.edu, 516-463-6859, 205 Hofstra University, Hempstead, NY 11549. Student-related questions or concerns regarding Title IX should be directed to the Title IX Officer for Student Issues at StudentTitleIX@Hofstra.edu, 516-463-5841, 127 Wellness & Campus Living Center, Hempstead, NY 11549. For additional contacts and related policies and resources, see hofstra.edu/eoe.

Fall 2022 Literacy Program Registration Survey

- ☐ **NEW STUDENTS:** Please answer all questions below so that we may understand your child's literacy strengths and needs, and provide an appropriate placement for your child in our Literacy Program. You may ask your child's current teacher to help you complete this survey.
- ☐ **CONTINUING STUDENTS:** Please answer any questions below to indicate any changes in your child's medical condition(s), medication(s), or educational service(s), as well as any newly diagnosed condition(s).

Name of Student _____ Today's Date: _____

Student Age/Date of Birth _____ Email (required) _____

Why are you enrolling your child in our Literacy Program? _____

Is your child receiving any additional support services in school? If so, please describe. _____

Please describe your child as a reader. _____

Does your child consider themselves to be a good reader? _____

What does your child like to read? _____

Please describe your child as a writer. _____

When writing, does your child communicate clearly? _____

Does your child consider themselves to be a good writer? _____

What does your child like to write? _____

Please indicate if any language(s) other than English is (are) spoken, read, or written in the home.

Does your child speak, understand, read, or write any additional language(s)? _____

Parent/Teacher Comments: _____

Please provide us with copies of any additional information to help us get to know your child better as a reader and writer. This may include a copy of your child's latest report card, standardized test scores, or an IEP report if applicable.

Medical Information

Please advise us about any medical conditions (for example, asthma, food or other allergies, seizure disorders, etc.) or medications that your child is taking. _____

Please advise us about any diagnosed conditions that may help the literacy specialist work more effectively with your child.

Has your child had an evaluation at the Reading/Writing Learning Clinic? Yes _____ No _____ Date _____

Have you utilized other services at the Saltzman Community Services Center? Yes _____ No _____

If yes, which clinic? _____